

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 177

Local Registrar's No.

1. PLACE OF BIRTH

County *Gila*

State

District or Township

or Village

City

Winkelman

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

(If child is not yet named, make supplemental report, as directed)

2. Full name of child

Carlos Delgado

3. Sex of Child

To be answered ONLY

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

Male

in event of plural births.

5. No., in order of birth

Yes

Sept 26 1929

FATHER

Full name

Carlos Delgado

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

Mexican

Age at last birthday

28 (Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of Industry

El Paso Texas Chemist helper Copper smelter

MOTHER

Full name

Patricia Grey

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

Mexican

Age at last birthday

23 (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of Industry

Santa Cruz Son Mex House Wife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at *Winkelman* on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Charles W. Smith MD

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address

Hayden Ave

Filed

Oct 7 1929

P. H. H. H.

Registrar

Registrar

346-926-178